



YOUR_X PLAN™

Summary of Benefits

National

Commonwealth of Virginia State Retiree Health Benefits Program

Section 1

Introduction to the Summary of Benefits for YOURx PLAN

This Medicare-approved Prescription Drug Plan has been designed specifically for Medicare-eligible participants in the Commonwealth of Virginia Retiree Health Benefits Program. It offers a benefit structure with the potential for coverage during gaps that exist under the basic Medicare prescription drug benefit. It is separate and distinct from Medicare Part D Prescription Drug Plans described at the Medicare website under the Medicare Prescription Drug Plan Finder Tool.

January 1, 2006 – December 31, 2006

The service area for this plan includes all 50 states and the District of Columbia.

Thank you for your interest in **YOURx PLAN** from the Commonwealth of Virginia Retiree Health Benefits Program (the state program) and Medco. Our plan is offered by MEDCO CONTAINMENT LIFE INSURANCE COMPANY (Medco), a Medicare Prescription Drug Plan that is approved by Medicare. This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation or exclusion. To get a complete list of our benefits, please call Medco and ask for the Evidence of Coverage.

YOU HAVE CHOICES IN YOUR MEDICARE PRESCRIPTION DRUG COVERAGE.

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option for eligible state retiree group participants is to get prescription drug coverage through the state program's **YOURx PLAN**. Other options include getting your prescription drug coverage through a Medicare Prescription Drug Plan not associated with the state program or through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice. No matter what you decide, you still have Medicare prescription drug coverage.

HOW CAN I COMPARE MY OPTIONS?

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by the state program's **YOURx PLAN** to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

ALL FUTURE REFERENCES TO YOURx PLAN REFER TO YOURx PLAN UNDER THE STATE PROGRAM.

WHERE IS YOURx PLAN AVAILABLE?

The service area for this Plan includes all 50 states and the District of Columbia. You must live in the service area to join this plan.

WHO IS ELIGIBLE TO JOIN?

You can join this plan if you are eligible for coverage in the state program, you are eligible for Medicare Part D, and you live in the plan's service area. To be eligible for Medicare Part D you must be entitled to Medicare Part A and/or enrolled in Medicare Part B. Eligible individuals may only enroll in one Medicare Prescription Drug Plan at a time, including this state program, and may not be enrolled in a Medicare Advantage Plan (HMO, PPO), unless they are a member of a Medicare Private Fee-For-Services plan or are enrolled in an 1876 Cost Plan. You may join or leave a Medicare Prescription Drug Plan during certain times of the year; however, if you leave the state program at any time, you may not re-enroll in the future. Also, if you remain in the state program but drop this prescription drug plan, you may not re-enroll in this plan, or any state retiree program prescription drug coverage, at a later time. Before leaving the state program or dropping the state program's prescription drug coverage, be sure to understand your options for enrolling in another Medicare Prescription Drug Plan, since a break in creditable coverage of more than 63 days may result in a higher Medicare Part D premium. Additionally, leaving this plan mid year may result in a gap in your prescription drug coverage.

WHERE CAN I GET MY PRESCRIPTIONS?

YOURx PLAN has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. **YOURx PLAN** may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or call Customer Service for an up-to-date list.

DOES MY PLAN HAVE A PRESCRIPTION DRUG FORMULARY?

YOURx PLAN uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs. The plan may periodically make changes to the formulary. If the formulary changes, affected enrollees will be notified, in writing, before the change is made.

ARE MEDICARE PART B and MEDICARE PART D DRUGS COVERED?

We do not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a benefit that your plan may offer. You may be identified to participate in a program designed for your specific health and pharmacy needs. It is recommended that you take full advantage of this covered benefit if you are selected. If you have questions concerning our MTM Program please contact our Customer Service number listed at the end of this section.

WHAT SHOULD I DO IF I HAVE A MEDIGAP PLAN THAT INCLUDES PRESCRIPTION DRUG COVERAGE IN ADDITION TO MEDICARE, AND I DECIDE TO ENROLL IN THIS PLAN AS A PART OF THE STATE PROGRAM?

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage in addition to this state program coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy and adjust your premium. Under certain circumstances, you can also buy a different Medigap policy without prescription drug coverage sold by your Medigap Issuer. Your Medigap Issuer cannot charge you more, based on any past or present health problems. Call your Medigap Issuer for details. Also, you may elect state program coverage that does not include prescription drug benefits.

HOW CAN I GET HELP WITH DRUG PLAN COSTS?

Medicare beneficiaries with low or limited income and resources may qualify for additional assistance. If you qualify, your Medicare prescription drug plan costs, the amount of your premium and your drug costs at the pharmacy will be less. Once you have enrolled in **YOURx PLAN**, Medicare will tell us how much assistance you are receiving, and we will send you information on the amount you will pay. If you are not receiving this additional assistance, you should contact 1-800-MEDICARE to see if you might qualify. If it is determined that you qualify for extra help, you may want to consider selecting a Medicare Prescription Drug Plan outside of the state program. Since the state's **YOURx PLAN** offers an enhanced benefit and, therefore, has a higher premium, you may be paying for an enhanced benefit to which you do not have access. The benefit that you will receive if

you qualify for the additional assistance is standard across all Medicare Prescription Drug Plans regardless of the premium charged under each plan.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Prescription Drug Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare prescription drug coverage in your area. However, if Medco discontinues **YOURx PLAN** under the state program, it would not mean that the state program would cease to offer prescription drug coverage. The state program may contract with another vendor(s) to provide such coverage.

If **YOURx PLAN** ever denies coverage for your prescription drugs, we will explain our decision to you. You always have the right to appeal and ask us to review the claim that was denied. In addition, if your physician prescribes a drug that is not on our formulary or is not a preferred drug, you may ask us to make a coverage exception. **Please call Medco for more information about this plan.**

Customer Service Hours:

8:00 a.m.–8:00 p.m. eastern time, Monday–Friday,
8:00 a.m.–6:00 p.m. eastern time, on Saturday
(except Thanksgiving and Christmas).

Current members and prospective members
should call 1-800-572-4098.

TTY/TDD users should call 1-800-716-3231.

For more information about Medicare,
call 1-800-MEDICARE (1-800-633-4227).

TTY/TDD users should call 1-877-486-2048.

You can call 24 hours a day, 7 days a week.

Or visit www.medicare.gov on the Web.

If you have special needs, this document may
be available in other formats.

Section 2

Summary of Benefits The Benefit Comparison Matrix

Benefit Category	Original Medicare	YOURx PLAN
Outpatient Prescription Drugs	You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D prescription drug program.	<p>This plan does not cover Medicare Part B prescription drugs.</p> <p>This plan uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs at a lower cost. If the formulary changes, you will be notified, in writing, before the change. To view the plan's formulary, go to www.medco.com on the Web. An abridged formulary is included in this package. A complete formulary is available upon request.</p> <p>People who have low incomes, who live in long-term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact the plan for details.</p> <p>You pay a \$250 yearly deductible. The \$250 deductible applies ONLY to brand medications. There is no deductible for covered generic drugs.</p> <p>After you have paid your yearly deductible, if applicable, you pay the following for prescription drugs:</p> <p>Retail</p> <ul style="list-style-type: none"> • \$4 for a one-month (30-day) supply of generic drugs you get at an in-network preferred pharmacy (deductible does not apply). • \$17 for a one-month (30-day) supply of preferred brand drugs you get at an in-network preferred pharmacy. • 75% coinsurance for a one-month (30-day) supply of non-preferred brand-name drugs you get at an in-network preferred pharmacy. • 25% coinsurance for a one-month (30-day) supply of specialty drugs you get at an in-network preferred pharmacy. • \$12 for a three-month (90-day) supply of generic drugs you get at an in-network preferred pharmacy (deductible does not apply). • \$51 for a three-month (90-day) supply of preferred brand-name drugs you get at an in-network preferred pharmacy. • 75% coinsurance for a three-month (90-day) supply of non-preferred brand-name drugs you get at an in-network preferred pharmacy.

Benefit Category	Original Medicare	YOURx PLAN
		<ul style="list-style-type: none"> • 25% coinsurance for a three-month (90-day) supply of specialty drugs you get at an in-network preferred pharmacy. <p>Medco By Mail</p> <ul style="list-style-type: none"> • \$4 for a three-month (90-day) supply of mail-order generic drugs you get from Medco By Mail (deductible does not apply). • \$34 for a three-month (90-day) supply of mail-order preferred brand-name drugs you get from Medco By Mail. • 75% coinsurance for a three-month (90-day) supply of mail-order non-preferred brand drugs you get from Medco By Mail. • 25% coinsurance for a three-month (90-day) supply of mail-order specialty drugs you get from Medco By Mail. <p>Out-Of-Network Benefits: Copays apply at an out-of-network pharmacy ONLY in emergency situations that are approved by the plan. In non-emergency situations, you are responsible for 100% of the cost of the drug.</p> <ul style="list-style-type: none"> • \$4 for a one-month (30-day) supply of generic drugs you get at an out-of-network pharmacy (deductible does not apply). • \$17 for a one-month (30-day) supply of preferred brand drugs you get at an out-of-network pharmacy. • 75% coinsurance for a one-month (30-day) supply of non-preferred brand drugs you get at an out-of-network pharmacy. • 25% coinsurance for a one-month (30-day) supply of specialty drugs you get at an out-of-network pharmacy. <p>ADDITIONAL PROTECTION – CATASTROPHIC COVERAGE</p> <p>After your yearly out-of-pocket drug costs for covered drugs reach \$3,600, you pay the greater of:</p> <ul style="list-style-type: none"> • \$2 for a generic or a preferred brand-name that is a multisource drug and \$5 for all other drugs, or • 5% coinsurance. <p>Certain prescription drugs will have maximum quantity limits. Contact plan for details.</p> <p>LIMITATIONS</p> <p>Your provider must get prior authorization from YOURx PLAN for certain prescription drugs. Contact plan for details.</p>

Section 3

Important Information

ELIGIBILITY REQUIREMENTS

To be eligible for coverage under this plan, you must be eligible for coverage under the State Retiree Health Benefits Program, and you must not have, at any time, terminated prescription drug coverage under the state program. You must also be eligible for Medicare Part D.

A Part D–eligible beneficiary is defined as being:

- Entitled to Medicare benefits under Part A and/or enrolled in Part B

AND

- A resident in the service area of the Part D Plan

ADDITIONAL ENROLLMENT INFORMATION

- You may only be enrolled in one Part D Plan at a time (which includes this plan under the state program).
- If enrolled in a Medicare Advantage (MA) Plan, you may not enroll in a Medicare Prescription Drug Plan unless you are a member of a Private Fee-for-Service (PFFS) MA Plan that does not provide Medicare prescription drug coverage, a Medical Savings Account (MSA) MA Plan, or a 1876 Cost Plan.

AVAILABILITY OF MEDICARE SUBSIDY INFORMATION

Beneficiaries interested in available Medicare Part D subsidies may contact Medco Customer Service at 1-800-572-4098 (TTY/TDD users should call 1-800-716-3231), 1-800-MEDICARE (1-800-633-4227) (TTY/TDD users should call 1-877-486-2048), their State Medicaid Office, or local Social Security Administration Office.

LIMITED-INCOME SUBSIDY PREMIUM DISCLAIMER

If you have qualified for additional assistance for your Medicare Prescription Drug Plan costs, the amount of your premium and cost at the pharmacy will be less. Once you have enrolled in

YOURx PLAN, Medicare will tell us how much assistance you are receiving, and we will send you information on the amount you will pay. If you are not receiving this additional assistance and think you may be eligible, you should contact 1-800-MEDICARE (1-800-633-4227) (TTY/TDD users should call 1-877-486-2048), your State Medicaid Office, or local Social Security Administration Office to see if you might qualify.

PRESCRIPTION DRUG SERVICES

Benefits are only available at **YOURx PLAN** retail network pharmacies and the mail-order pharmacy, Medco By Mail.

For more information on the mail-order pharmacy, visit www.medco.com, call 1-800-572-4098 (TTY/TDD users should call 1-800-716-3231) or write to Medco, P.O. Box 2016, Pine Brook, NJ 07058.

For more information on retail network Pharmacies, visit www.medco.com, call 1-800-572-4098 (TTY/TDD users should call 1-800-716-3231) or write to Medco, P.O. Box 2016, Pine Brook, NJ 07058.

CONTRACTING STATEMENT

Medco contracts with the federal government.

PROGRAM QUALIFIERS

YOURx PLAN is a Prescription Drug Plan that is approved by Medicare.

The service area for this plan includes all 50 states and the District of Columbia.

PREMIUMS

You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party, even if the Medicare Part D premium is \$0.

ENROLLMENT/DISENROLLMENT OPTIONS

Existing participants and their eligible covered dependents in the Commonwealth of Virginia Retiree Health Benefits Program may select this

plan upon eligibility for Medicare. They may terminate coverage under this plan prospectively at any time by either terminating their coverage completely or selecting a Medicare-coordinating plan that does not include prescription drug coverage. Eligible new Medicare-eligible participants in the Commonwealth of Virginia Retiree Health Benefits Program may select this coverage if they do so within the required enrollment window. However, once a participant terminates coverage in the state program, he/she may not return to the program at a later time, and if prescription drug coverage is not elected upon initial enrollment or if medical-only coverage is selected at any time, the participant may not elect this plan at a later time.

The following enrollment limitations apply to other (non-state program) Medicare Prescription Drug Plans. If you terminate Medicare-coordinating prescription drug coverage under the state program, be sure to be aware of these limitations if you wish to avoid a break in your coverage.

SPECIAL ENROLLMENT PERIODS

If beneficiaries disenroll for any reason other than the special election criteria options listed below, they will be unable to re-enroll until November 15, 2006.

- A move outside their approved program service area
- They enter or leave a skilled nursing facility (like a nursing home)
- They enroll in, or disenroll from, an MA PDP plan (medical + drug benefit)
- Medco stops offering Medicare prescription drug coverage

LATE ENROLLMENT PENALTY

This is imposed when a beneficiary fails to maintain creditable prescription coverage for a period of 63 or more days following the last day of an individual's initial enrollment in a Part D plan.

INITIAL ENROLLMENT PERIOD

- November 15, 2005, through May 15, 2006.

Annual Coordinated Election Period for Medicare Part D Plans Not Associated With The Commonwealth of Virginia Retiree Health Benefits Program

- November 15, 2005, through May 15, 2006 (for the first year)
- For 2007 and subsequent years, it will be November 15 – December 31 of the previous year

The Commonwealth of Virginia Retiree Health Benefits Program does not have an annual enrollment period; however, allowable plan changes are addressed in your annual rate notification package.

Voluntary Disenrollment for Medicare Part D Plans Not Associated With The Commonwealth of Virginia Program

A member may disenroll from a Prescription Drug Plan during one of the election periods by doing the following:

- Providing a signed, written notice to his/her plan
- Giving a signed, written notice to any Social Security Administration or Railroad Retirement Board office, or
- Calling 1-800-MEDICARE (1-800-633-4227).

Participants may cancel coverage in the state program at any time by submitting an enrollment form to their Benefits Administrator. The effective date of termination will be the first of the month after the form is received. However, once coverage is terminated, participants may not re-enroll in the state program in the future. Also, if only prescription drug coverage is canceled, prescription drug coverage may not be added again in the future.

REQUIRED INVOLUNTARY DISENROLLMENT

A Prescription Drug Plan organization must disenroll an individual from a Prescription Drug Plan in the following cases:

- A change in residence making the individual ineligible to be an enrollee of the Prescription Drug Plan
- The individual loses entitlement to Medicare
- The individual dies

- The Prescription Drug Plan contract is terminated, or the Prescription Drug Plan organization discontinues offering a Prescription Drug Plan in any portion of the area where the Prescription Drug Plan had previously been available
- The individual materially misrepresents information to the Prescription Drug Plan organization regarding reimbursement for third-party coverage

INVOLUNTARY DISENROLLMENT FOR DISRUPTIVE BEHAVIOR

“Disruptive behavior” is behavior that substantially impairs the Prescription Drug Plan organization’s ability to arrange or provide care to the disruptive individual or other plan members.

ENROLLMENT OPTIONS

Please consult your Evidence of Coverage for enrollment options.

SERVICE COMPLAINT

If you are not satisfied with the service received from Medco, you may file a complaint. Use any of the following ways to report problems with service from your network pharmacy, Medco By Mail, or Medco’s Customer Service department:

- Call Medco toll-free at 1-800-572-4098 (TTY/TDD users should call 1-800-716-3231)
- OR
- Fill out the Service Complaint Form located at www.medco.com on the Web. Please mail your completed Service Complaint Form to:

YOURx PLAN

**Attn: Service Grievance Resolution Team
Medco Health Solutions, Inc.
PO Box 639405
Irving, Texas 75063**

If you need assistance or more information on filing a complaint, please call Medco toll-free at

1-800-572-4098 (TTY/TDD users should call 1-800-716-3231). Representatives are available 24 hours a day, 7 days a week (except Thanksgiving and Christmas).

COVERAGE LIMITS AND APPEALS

Some of the drugs covered by your **YOURx PLAN** have coverage limits. For example, some prescription drugs may not be covered without your doctor’s approval. In addition, some medications might be limited to a certain number of pills or a total dosage within a period of time.

If you have a prescription for a drug with a coverage limit, your pharmacist will tell you that approval is needed before the prescription can be filled. The pharmacist will also give you a toll-free number to call.

If you are told there is a coverage limit, more information may be needed to see if your prescription meets the plan’s coverage conditions. We will notify you and your doctor of the decision in writing. If coverage is approved, the letter will indicate the amount of time allowed under your coverage. If coverage is denied, the letter will provide an explanation and information on how to submit an appeal.

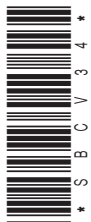
MEDIGAP DISCLAIMER (IF YOU HAVE A MEDIGAP PLAN IN ADDITION TO YOUR STATE PROGRAM MEDICARE-COORDINATING COVERAGE—ADVANTAGE 65, OPTION I OR OPTION II)

If you have a Medicare Supplement (Medigap) policy that includes prescription drug coverage (not associated with your state program coverage), you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy and adjust your premium. Under certain circumstances, you can also buy a different Medigap policy without prescription drug coverage sold by your Medigap Issuer.

Your Medigap Issuer cannot charge you more based on any past or present health problems. Call your Medigap Issuer for details.

YOURx PLAN is authorized by law to refuse to renew its contract with CMS, and CMS also may refuse to renew the contract. Termination or non-renewal may result in termination of the beneficiary's enrollment in the Plan. In addition, **YOURx PLAN** may reduce its service area and no longer offer services in the area where the beneficiary resides.

Termination of **YOURx PLAN** by Medco may not result in termination of prescription drug options under the state program.



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